



Town of Mansfield

Request for Fee Reduction

(Mansfield Residents Only)

Mansfield Community Center/Parks & Recreation
10 South Eagleville Road
Storrs/Mansfield, CT 06268
Tel: (860)429-3015
Fax: (860)429-9773

Human Services Department
4 South Eagleville Road
Storrs/Mansfield, CT 06268
Tel: (860)429-3315
Fax: (860)429-7785

NAME: _____ PHONE: _____

ADDRESS: _____

OTHERS IN FAMILY OR HOUSEHOLD

NAME	AGE

RELATIONSHIP TO APPLICANT

FAMILY/HOUSEHOLD INCOME (use 2nd page if needed)

Name of Person Receiving	Name and Address of the Source	Amount before deductions: (Documentation must be provided)		
		Weekly	Monthly	Yearly

MEDICAID ELIGIBLE: YES/ NO (please provide documentation) PROOF OF RESIDENCY: YES/NO

I hereby apply for a fee reduction and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information.

Signature: _____ Date: _____
_____(For Office Use)_____

Fee Waiver valid from: _____ to: _____ Percentage: 50% 90% (circle one)
Department of Origin: _____